WORLD HEALTH ORGANIZATION

TOBACCO ALERT

OCTOBER 1992

EDITORIAL

TOBACCO CONTROL IN THE EASTERN MEDITERRANEAN REGION

Smoking is probably one of the most serious health problems of modern civilization. Although its harmful effects are now well-known, and despite frequent discussion in the media highlighting the serious dangers smoking represents for human health, it is particularly depressing that this self-inflicted pandemic continues to threaten human well-being.

Data published by the World Health Organization suggest that the number of smokers in the Arab world has more than doubled over the last ten years. This has led to a rapid increase in tobacco-related diseases, most notably lung cancer and cardiovascular diseases.

Not only does tobacco smoke have very serious harmful effects on active and passive smokers; from the economic point of view as well, tobacco consumption represents a heavy burden for individuals, families and communities. Developed countries have realized that the handsome revenue they receive from the tobacco industry is heavily outweighed by the losses they incur as a result of the smoking habit. Similarly, developing countries and those of moderate national income are fast discovering that the rise in tobacco consumption is rapidly undermining their recent advances in health protection and promotion. Such countries will simply not be able to bear the increased social and economic costs of tobacco smoking.

What is particularly worrying is that the tobacco industry is still going ahead with the aggressive marketing of their harmful product, particularly in developing countries, which do not always seem to realize the seriousness of the smoking problem.

The lure of tobacco often seems irresistible to young people who are usually dazzled by the promotion and sport sponsorship activities financed by the tobacco industry. These activities are a travesty of the factual health warning carried on packets of cigarettes. Awareness of the evils of tobacco smoking is low among school children who are the prime target of the tobacco industry, which is keenly aware that the earlier the addiction, the more difficult it is to quit. Many governments in the Eastern Mediterranean Region are implementing carefully planned programmes to promote child health which should include the provision of adequate resources to protect the young against tobacco.

Having scored remarkable successes in the control of communicable diseases, the World Health Organization is now directing some of its efforts to the tobacco problem. WHO's Member States will do well to cooperate fully in this respect. Cooperation by developing countries is more urgently needed because they are becoming the prime target of the tobacco promotion campaign mounted by tobacco companies.

Maximizing and coordinating our efforts and the formulation of national policies in which information plays a major role is perhaps the ideal method to combat the tobacco aggression that threatens all of us. This requires increased cooperation between WHO and its Member States, as it is often the case that some countries find it easier to deal with potentially controversial issues, political and economic, on a regional rather than national basis. It is important, therefore, that international agencies and nongovernmental organizations as well as individuals mobilize and coordinate their efforts in the fight against tobacco, particularly in the Arab region.

Every one of us should publicly stress the undeniable fact that "smoking can cause serious damage to health". Our efforts to make people fully aware of the harmful effects of smoking should contribute to the achievement of our goal of making future generations enjoy a higher standard of health.

Dr Essmat Abdel Maguid
Secretary-General of the Arab League
Former Minister of Foreign Affairs, Egypt

IN THIS ISSUE

SOCIETY 2, 8
EPIDEMIOLOGY 3
WHO/TOH PROGRAMME 4, 9
WORLD NO-TOBACCO DAY 6
LEGISLATION 10
SIGARA ALARMI 11
NEWS BRIEF 5, 8, 11
IARC 12

SOCIETY

SCOUTS IN TOBACCO CONTROL

Readers of *Tobacco Alert* will remember that on the occasion of World No-Tobacco Day 1991, the World Organization of the Scout Movement (WOSM) was awarded a WHO "Tobacco or Health" medal and certificate in recognition of the Movement's global efforts in the field of anti-smoking education and activities. The same year, the National Scout Organization in Libya was awarded another medal for its local programme. The Arab Scout Regional Office also received a commemorative certificate from WHO in appreciation of its having promoted the concept of tobacco-free societies; this Office produces very good didactic material which is widely circulated and used throughout the region.

Scouting is education for life and, as such, scouts are involved in many health issues related to the needs of their community. It complements the school and the family, filling needs not met by either. It develops self-knowledge, the need to explore, to discover, to want to know and to act. Scouting is also a movement, evolving and adapting everywhere according to local conditions, and serving according to local needs.

Within the framework of these diverse social and cultural backgrounds, it offers:

- a code of living;
- a commitment to seek the spiritual value of life beyond the material world, a participation in the development of society, respecting the dignity of others and the integrity of the natural world; and
- a development of a sense of personal responsibility and a stimulation of the desire for responsible self-expression.

All these approaches lead to a responsible attitude which helps to understand problems, behaviour and attitudes. This is why many Scout Associations, in both industrialized and developing countries, encourage young people and their members to work with their community and to identify and undertake activities which will improve the quality of life. A survey carried out this year within WOSM indicated that the associations from Argentina, Australia, Barbados, Canada, Chile, Finland, France, Germany, Greece, Hong Kong, Hungary, Kenya, Korea, Liberia, Luxembourg, Malaysia, New Zealand, Norway, Oman, Panama Paraguay, Saint Lucia, Saint Vincent and the Grenadines, Spain, Sweden, Switzerland, Thailand, Togo, Turkey and others have been involved in activities against tobacco in one way or another. This was done by providing their members and members of the general public with information, promoting knowledge on tobacco issues, providing skills training, carrying out practical projects related to tobacco issues and supporting mobilization efforts.

Furthermore, through Scouting, young people have come to recognize that the health status of hundreds of millions of people in the world is unacceptable, that this is getting worse in many regions and that it is often a product of behaviour choices and lifestyle. It is in this perspective that during the past few years, Scouts all over the world have participated in national efforts against tobacco, being involved in:

- supporting national campaigns;
- organizing focus groups at youth level for understanding the problems which may lead to changing attitudes;
- avoiding advertisements and pro-

motion of tobacco through
ous activities, and suppor
campaigns to prevent the sa
tobacco to minors;

- motivating local leade
legislate against tobacco and
mote health warnings,
strengthening public educa
campaigns;
- participating in the netw
ing efforts of NGOs;
- promoting alternative
nomic activities to tobacco g
ing;
- promoting the rights of
smokers; and
- ensuring the availability of
for tobacco users who wish to

These activities are carried
throughout the year or during sp
occasions such as World No-Tob
Day. For example, in Burundi,
World No-Tobacco Day 1992,
scouts organized a parade through
capital, Bujumbura. All particip
were wearing special T-shirts desi
for the event. The programme en
at the National Stadium with the
ticipation of local authorities, and
televised. Football, basketball and
leyball competitions were organ
with many participants. In India
World No-Tobacco Day 1992,
scouts and guides in Tamil Nadu, o
nized an important exhibition ag
tobacco and participated in va
educational and informative activ
related to tobacco and drugs. In
evening they enjoyed singing and
acting around a camp-fire, all with
theme of anti-smoking and drug al
The scout groups in many othe
gions of India organized seminars
conferences related to tobacco, fo
ample, in Central District, O
Kerala, Andhra Pradesh, Assam
Rajasthan.

While the Scout Moveme
rightly proud of such action, we
more young people and more y
serving organizations will join in
global youth effort to stop the u
tobacco.

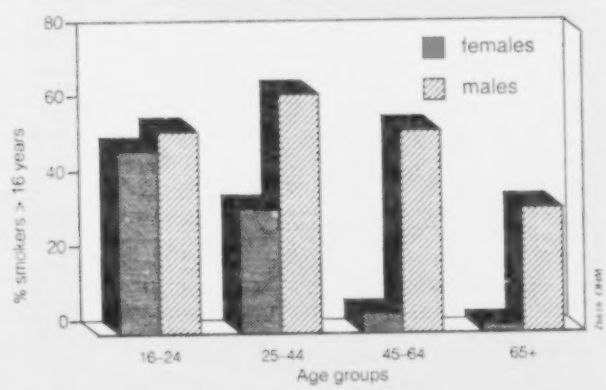
EPIDEMIOLOGY

SMOKING-ATTRIBUTABLE MORTALITY AMONG WOMEN: WHITHER THE EPIDEMIC?

A WHO collaborative study recently published in *The Lancet* has estimated that about half a million women a year will die from smoking in the 1990s, the majority of them in the United Kingdom and the United States. In fact, these two countries alone account for 300 000 or 60% of the total number of smoking-attributable deaths among women. It is not surprising that the death toll from tobacco should already be very substantial in Britain and the United States, since female smoking prevalence was comparatively high and common among most adult age groups as early as 1960. By this time, 35-40% of women were regular smokers.

Currently, about 30% of women smoke in the developed countries, with prevalence ranging from 12-15% in Portugal to 45% in Denmark. However, from the point of view of epidemiological surveillance, the overall smoking prevalence among women is less important than the age-specific trends. The reason lies in the long delay between the onset of persistent smoking and its full effects on health which may generally appear only two or three decades later. This is very well illustrated by the example of Spain. A nationally representative survey carried out in 1987 found that about 23% of all Spanish women aged 16 years and over were regular smokers. However, as Figure 1 illustrates, the age distribution of smokers is heavily skewed towards the younger ages; virtually no older Spanish women smoke compared with half of the young women aged 16-24 years. At these ages, almost as many young women as young men are regular smokers. Similar patterns are evident in a number of other countries, including France and Italy. As a result of this very low smoking prevalence among older women, female lung cancer rates in these countries are still very low, at or even below the levels of non-smoking American women.

Distribution of smokers by sex and age in Spain, 1987



Source: National health survey, 1987.

The implications of these age-specific patterns are two-fold. Firstly, in the absence of effective smoking cessation programmes, a very significant proportion of these young women will become regular smokers throughout adulthood, as is the case for men (see Figure 1). This will result in a massive epidemic of smoking-related deaths among Spanish women when the young women of today reach middle-age, i.e. in 15-20 years' time. Death rates from lung cancer will first begin to rise among middle-aged women, whose cumulative exposure will ensure that death rates at older ages will also rise thereafter, due to the cohort effect. Death rates from other smoking-related causes, including ischaemic heart disease and stroke, will also be affected by smoking trends, although overall mortality may continue to decline due to improvements in diet, hypertension control and other risk factors for vascular disease.

READEX FICHE

WHO/TOH PROGRAMME

SPOTLIGHT ON TOBACCO OR HEALTH ISSUES IN THE EASTERN MEDITERRANEAN REGION

Regional Overview

On 24 and 25 May 1992, representatives from five countries in the WHO Eastern Mediterranean Region gathered in Alexandria, together with WHO personnel and advisors, for a Consultative Meeting on Developing Guidelines for Tobacco or Health Policy in the region. The meeting, organized by the WHO Eastern Mediterranean Regional Office (EMRO), was chaired by Dr Sherif Omar from Egypt.

A synthesis of information available from the WHO/EMRO data files on tobacco or health in the Region was presented, and the data foretell a looming epidemic of tobacco-related death and disease. Per-capita manufactured cigarette consumption increased by 53% from 1963 to 1990 in 17 countries in the Region from which data were available, the fastest rate of increase of any of the six WHO regions, but these data do not reveal the whole story of tobacco consumption in the Region.

Because other forms of tobacco use, notably tobacco chewing and water-pipe smoking, are widespread in the Region, and because of probable under-reporting of manufactured cigarette consumption, it is likely that the seventeen-country estimate of adult per-capita manufactured cigarette consumption of 1 110 cigarettes per year understates total tobacco consumption by approximately a factor of two.

Limited information on the prevalence of tobacco use indicates wide variation across the Region, but smoking is very prevalent among men, from around 30% in some countries to as high as 80% in others. Tobacco use among women is reported to be much lower, as low as one or two per cent in some countries. However, for cultural reasons, the prevalence of smoking among women is likely to be substantially underestimated.

EMRO's tobacco control activities

In response to this growing epidemic, EMRO has been particularly active in supporting and encouraging the development of national tobacco control programmes, including tobacco education and health promotion activities, throughout the Region.

EMRO has produced, **inter alia**, a *Prototype Action-Oriented School Health Education Curriculum for Primary Schools*, now in widespread use in schools throughout the Region. The curriculum includes an effective smoking and health education module.

Another interesting example of this is an eight-minute

WHO/TOH PROGRAMME

video that was produced by EMRO in three languages, English, French and Arabic, and screened during the consultative meeting. This informative and entertaining video provides clear, effective information on the hazards of active and passive smoking. It was distributed to television stations throughout the Eastern Mediterranean Region and widely televised on and before 31 May 1992, World No-Tobacco Day.

* * *

Participants agreed that previous committees and expert advisory groups had already given general orientations on *what* needed to be done to control tobacco in the region. Reference was made to the WHO/EMR Medium Term Programme for the Eighth General Programme of Work, and its objectives and activities for the creation of comprehensive national tobacco control programmes were heartily endorsed.

Despite these and other clear calls for action on tobacco control, participants noted that many countries of the Region were slow to implement comprehensive tobacco control policies. A key problem seemed to be that, while there was information on *what* needed to be done in a general fashion, less direction was currently available on *how* this was to be accomplished, and on what were the key strategic elements that, if effectively implemented, could precipitate the implementation of truly comprehensive tobacco control policies and programmes in the EMRO countries.

In this regard, participants welcomed the news that a document giving practical guidance for the development of comprehensive national tobacco control programmes was under preparation in the WHO Tobacco or Health programme in Geneva. All agreed that such a document would be helpful in answering the question of how to develop and strengthen national tobacco control programmes.

NEWS BRIEF

CIGARETTES: DANGER OF EXPLOSION IN HOSPITALS!

No one would be surprised to hear that a lighted cigarette could cause an explosion at a fuel depot or in workshops where inflammable substances are used, but an explosion in a hospital room is more difficult to imagine. Yet this is what happened in a small town in the east of France, where a patient on oxygen burned to death in his hospital bed after lighting a cigarette. According to staff, the lighted cigarette came in contact with the oxygen which was being insufflated through the patient's nose, and the explosion which resulted was described to be "like a bomb going off". In some countries it is estimated that one third of hospital fires are caused by smoking materials.

WORLD NO-TOBACCO DAY

WORLD NO-TOBACCO DAY, 31 MAY 1992
"TOBACCO-FREE WORKPLACES: SAFER AND HEALTHIER"

World No-Tobacco Day 1992 endeavoured to convey the message that to work in an environment unpolluted by tobacco smoke should be a universal right. The theme of the Day focused on safer and healthier workplaces and the need for combined action by governments, employees, and employers to implement appropriate measures against tobacco use.

Preliminary reports received by WHO indicate that World No-Tobacco Day 1992 was celebrated worldwide and that the celebration received extensive media coverage. This success was buttressed by timely press conferences held by ministers of health, governmental and nongovernmental organizations, and WHO officials. Extensive distribution of material by WHO, governments, and national and international nongovernmental organizations, also contributed to better informing the public in a worldwide effort to make non-smoking a social norm and to create a tobacco-free society.

In his appeal for World No-Tobacco Day 1992, Dr Hiroshi Nakajima, Director-General of WHO, had stated "... it is not acceptable that people who must work to earn their living should be subjected to the added risk of a useless and dangerous habit" and he urged "... both employers and employees to act together

to ensure that places of work are not polluted by tobacco, for the health and economic benefit of all". Press clippings and reports from all over the world show that this appeal was widely reproduced. Indeed, the material produced by WHO was extensively used and often translated and adapted to the needs of individual countries. In addition, various governmental and nongovernmental organizations produced complementary material related to the theme of the Day which was modified to accommodate local style and culture.

As in previous years, World No-Tobacco Day 1992 was celebrated in all WHO regions. At WHO headquarters in Geneva, the Day was marked by a ceremony at which Tobacco or Health medals were presented. The ceremony also provided an occasion for the declaration of the twinning of two outstanding nongovernmental organizations in the fight for a tobacco-free society, namely the "Centre d'Information de l'Association pour la Prévention du Tabagisme" (CIPRET), Genève and "Besançon Non Fumeur" (France), who, having been brought together by the WHO Tobacco or Health programme, initiated several joint activities illustrating the point that tobacco control knows no frontiers.

Addressing a meeting in New Delhi, Dr U Ko Ko, Director of the WHO Regional Office for South-East Asia, stated in a speech widely quoted by the press that "... with tobacco being the cause of three million deaths a year, there is an urgent need to make workplaces tobacco-free, as it is now well established that workplace hazards and the dangers associated with smoking at work are interrelated".

In Manila, Dr Han, Director of the WHO Regional Office for the Western Pacific said that "Working in safe and healthy conditions is not only a basic right but indispensable for sound economic performance. Since most adults spend long hours each day in their places of work, it is only fitting that they do so in an environment unpolluted by tobacco smoke".

WORLD NO-TOBACCO-DAY

The WHO Regional Office for Europe chose Prague as the focal city for the celebration of World No-Tobacco Day 1992, with many events attended by officials of the Czech and Slovak Federative Republic. In addition, at a scientific seminar on the risks associated with smoking, Tobacco or Health medals were presented to representatives from Albania, France, Germany, Norway, and the United Kingdom.

Although these international events have helped promote the tobacco or health message, it is obvious that once again the most important events held to mark World No-Tobacco Day 1992 were those organized at the national level. For example, in the African Region, the Day was widely observed in Sierra Leone, where one of the highlights was a seminar on smoke-free workplaces which received wide media coverage and was attended by representatives of the government, the labour congress, and WHO.

A number of reports have been received from many countries in the Eastern Mediterranean Region. In particular, a very successful celebration was organized in the Libyan Arab Jamahiriya where the Department of Health Education collaborated with the scout organization on a number of programmes and activities in order to cover a maximum of potentially tobacco-free areas. Relevant anti-tobacco information and slogans were forwarded to all local newspapers as well as to radio and television stations. Anti-tobacco materials were produced in Arabic and widely distributed. In addition, religious leaders actively participated in the celebration by delivering addresses on the subject.

In the Americas, the Ministry of Health of Chile selected World No-Tobacco Day 1992 to launch an initiative to strengthen legislative measures against tobacco use. With carefully planned and coordinated mass media events and press conferences, this campaign and the message of the Day received exceptionally wide coverage.

World No-Tobacco Day 1992 was also co-celebrated in several United Nations agencies and offices, with many of them declaring their premises tobacco-free in honour of the occasion. This year it was particularly encouraging to note the celebration that took place in the Food and Agriculture Organization of the United Nations (FAO), in Rome, which produced and widely displayed their own poster on the theme of the Day. As in previous years, the Vienna International Centre (VIC) hosted one of the most active celebrations.

SOCIETY

FLYING SMOKE-FREE: AN UPDATE

"The Committee recommends a ban on smoking on all domestic commercial flights, for four major reasons: to lessen irritation and discomfort to passengers and crew, to reduce potential health hazards to cabin crew associated with ETS, to eliminate the possibility of fires caused by cigarettes, and to bring the cabin air quality into line with established standards for other closed environments."

Since this recommendation was made by the Committee on Airliner Cabin Air Quality in 1986, more and more of the world's scheduled flights have become smoke-free.

Bans on smoking on domestic flights by airlines and national governments are fast becoming the rule rather than the exception. Such bans have now spread beyond North America and have been implemented in every region of the world, if not yet in every country. Bahrain, Colombia, Iran, Jordan, Malaysia, Mongolia, Nepal, Saudi Arabia, South Africa and Thailand are just some of the countries that have recently implemented bans on smoking on all domestic flights.

Bans on smoking on regional international flights are now appearing in more and more regions. Such bans apply in Australia, Canada, New Zealand, Nordic countries, the United States, and in large countries that are bigger than many international regions – Russia and China.

Bans on smoking on transoceanic flights are fewer in number, but have been implemented by Air Canada and Canadian Airlines International on trans-Atlantic flights, and, more recently, by Cathay Pacific on trans-Pacific flights.

A ban on smoking on all flights does not yet exist, but is the obvious next step as the circles of smoke-free flights widen and in Canada has taken a step direction. By July 1993, all uled flights by Canadian everywhere in the world required, by regulation, to be free.

More progress is being this direction through the rative work of the Tobacco programme of the World Organization and the Intern Civil Aviation Organizati gether, they are working the implementation of th resolution unanimously pa the World Health As (WHA44.26) that called Director-General of WHO laborate with the Intern Civil Aviation Organizat all competent internatio national agencies in dev guidelines and recommen for a smoke-free travel envir in all types of public conve

NEWS BRIEF

BUCKINGHAM PALACE NO LONGER OFFERS CIGARETTES

The Crown may have dealt a decisive blow to smoking in the United Kingdom by deciding that tobacco-related objects may no longer be offered as royal gifts. This will seriously affect the purveyor of smoking materials by appointment to Her Majesty. Tobacco manufacturers could lose the royal seal as a result of this forthright rejection of smoking by Buckingham Palace.

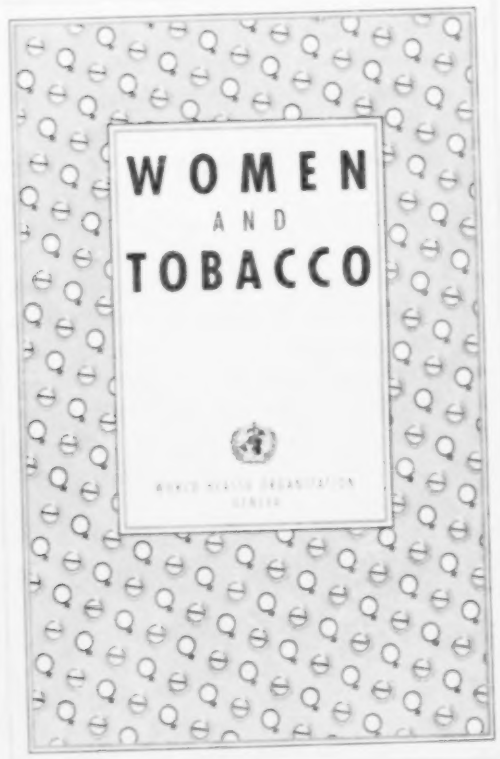
Anti-smoking officials in the United Kingdom believe that Prince Charles, the new President of the Royal College of General Practitioners, has a lot to do with that decision. As said by Action on Smoking and Health "every King this century died of a tobacco-related disease. We hope that this is the end of the royal seal of approval for tobacco manufacturers".

Be that as it may, the attitude of the British royal family contrasts with that of Margaret Thatcher, the former Prime Minister, who intends to act as a consultan biggest American tobacco facturer. After taking a stan smoking when she was Government, the "Iron now set to defend the int the tobacco industry, and ticular to advise the com question "on penetration o markets in Eastern Europe world countries", to qu spokesperson.

WHO/TOH PROGRAMME

WOMEN AND TOBACCO: THE FIRST WORLDWIDE STUDY OF THE SCALE AND HEALTH IMPACT OF TOBACCO USE BY WOMEN

In 1989, WHO focused attention on "Women and Tobacco", with a view to promoting accrued scientific interest and political concern about the subject. The lack of data on the topic, particularly for developing countries, quickly became apparent. Nevertheless, there was sufficient evidence of the important public health problems associated with the use of tobacco by women to encourage governments to view the issue as a priority; to this effect WHO has recently produced a monograph on the subject.*



The many special issues that surround the impact of tobacco use on the health and well-being of women are explored in the book. Noting that most tobacco control programmes fail to address the distinct needs of women, the book concentrates on the identification of gender-specific factors that help explain why girls and women smoke and how tobacco damages their health.

The first chapter provides a brief introduction to the magnitude of the problem caused by women's use of tobacco. Citing recent trends, the author stresses the need for urgent action to halt the rapid escalation of tobacco dependence, to help female smokers quit, and to protect girls and women in those countries where tobacco use is not yet common. The second chapter gives detailed country-specific statistics revealing changing trends in female tobacco use and related morbidity and mortality. For developed countries, trends identified include a closing of the gap between male and female smoking prevalence rates in many countries, the decreasing rates of smoking seen in affluent educated women, and an increase in cigarette consumption among women in socially or economically disadvantaged groups. For developing countries, the book notes a number of cultural factors that have traditionally deterred women from smoking and kept prevalence rates low, though recent studies show that these traditions are breaking down as women become more affluent and independent.

The third chapter explains how the constituents of tobacco produce dependence and damage health. Data linking female smoking to a greatly increased risk of several forms of cancer and other major diseases soundly refute the myth that women are somehow immune to the adverse effects of tobacco. Additional effects on reproductive health, on physical appearance, and on the health of children exposed to sidestream smoke further underscore the heavy toll of female smoking.

The question of why women start and continue to smoke is explored in the fourth chapter, which reveals the importance of gender differences in the physiology and social psychology of smoking. Details range from the impact of tobacco products and advertising targeted at women, through the need to address the fear of weight gain when helping women to stop smoking, to the observation that, unlike men, women use tobacco to cope with negative feelings, especially in low-income households. The impact of the tobacco industry's efforts to recruit female smokers is also considered.

Drawing upon these and many other findings, the remaining chapters describe the actions that need to be taken, by governments, policymakers, health professionals, and women's groups, to protect girls and women from starting to smoke and to plan cessation programmes specifically designed to reach and influence women. The final chapter stresses the urgent need for each country to develop a strategy for preventing female morbidity and mortality caused by tobacco from reaching the levels observed in men.

* *Women and Tobacco*. C. Chollat-Traquet et al. 1992. Available in English and French from WHO, Distribution and Sales, 1211 Geneva 27, Switzerland. Order no. 1150373 (Sw fr. 26.–/US$ 23.40 or developing countries: Sw fr. 18.20).

LEGISLATION

ANTI-SMOKING LEGISLATION IN WHO'S EASTERN MEDITERRANEAN REGION

We survey in this article the measures taken by the predominantly Arabic-speaking countries of the Region, which stretches from the Maghreb to Pakistan, and includes countries as disparate as Cyprus and Yemen, while recognizing that (in the words of a WHO Consultant who undertook a major survey of smoking patterns in the Region in 1990) *"More is needed in health education and public awareness campaigns before [anti-smoking] legislation can be expected to be effective."*

INTERNATIONAL ACTION

It is opportune to mention that, as early as 1979 and 1980, the Health Ministers of the Arab States of the Gulf Area (Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates) adopted a series of strong resolutions drawing attention to the health hazards of smoking and advocating resolute action on the part of the health, education, information, finance, and agricultural sectors. Also in 1979, the Geneva-based International Union Against Cancer (UICC) convened a Middle East Anti-Smoking Seminar in Cairo. One outcome, at the national level, was the beginning of a process which led in due course to the enactment by the Egyptian Parliament, in June 1981, of Law No. 52 on protection against the harmful effects of smoking.

NATIONAL ACTION

According to information available to WHO, the following countries currently have anti-smoking legislation: Afghanistan; Bahrain; Cyprus; Egypt; Jordan; Kuwait; Lebanon; Pakistan; Qatar; Saudi Arabia; Sudan; and certain of the Gulf States. New comprehensive tobacco control legislative proposals are receiving serious government consideration in the Islamic Republic of Iran.

Restrictions on advertising

Countries known to have introduced legislative measures to prohibit or limit advertising of tobacco products include Afghanistan, Cyprus, Egypt, Jordan, Lebanon, and Sudan.

Restrictions on smoking in public places

In four countries (Cyprus, Egypt, Jordan, and Sudan), it is prohibited to smoke on public premises and in public transport vehicles, while in Saudi Arabia smoking is banned in public institutions and in government agencies and ministerial offices. The Islamic Republic of Iran has banned smoking on all domestic flights – corresponding bans in Saudi Arabia apply to all domestic flights of less than two hours' duration and in Jordan to all short domestic flights. The Gulf States also restrict smoking in public places and on public transport.

Health warnings on cigarette packets

Such warnings are mandatory in at least seven countries (Cyprus, Egypt, Jordan, Kuwait, Lebanon, Pakistan, and Sudan). Similar measures have been introduced by Bahrain, Oman, Qatar, and the United Arab Emirates. Kuwait has temporarily suspended import duties and regulatory requirements for health warnings on cigarettes, in the interest of national reconstruction following the country's liberation.

Sales of tobacco products to minors

Of the countries for which information is available, only Cyprus appears to have adopted measures aimed at limiting the access of minors to tobacco products. It has been reported that, in certain of the Gulf States, retail outlets are banned from selling cigarettes to minors. In Jordan, the importation, sale, etc. of products that imitate tobacco products (e.g. "cigarette candy") are prohibited.

Levels of harmful constituents in tobacco products

Maximum permissible levels of tar and nicotine have been or are scheduled to be laid down in Bahrain, Cyprus, Egypt, Kuwait, Oman, Qatar, and the United Arab Emirates. In the Gulf States, the maximum permissible levels have been set very low, at 12 mg of tar and 0.8 mg of nicotine per cigarette.

NOTE: *Readers of this article are invited to transmit to the Chief of WHO's Health Legislation Unit any information they may have on additional anti-tobacco legislation in the countries of the Eastern Mediterranean Region.*

SIGARA ALRMI:

THE FIRST TURKISH NEWSLETTER ON SMOKING AND HEALTH

SİGARA ALARMI

gh smoking-related
nstitute the primary
ease-induced death in
organized and system-
gn against the country's
oking epidemic has not
This explains why the
nal tobacco conglom-
easily penetrated the
bacco market with an
ng presence of certain
rands.
of the urgent need to
is smoking epidemic,
the Public Health Association of Turkey established an anti-tobacco section in December 1991. One of the first activities of this newly-formed anti-tobacco section, was the publication of a quarterly newsletter on smoking and health "Sigara Alarmi" which appeared for the first time in March 1992. In charge of both the newsletter and the anti-tobacco section of the Public Health Association of Turkey is Dr R. Erol Sezer, a Professor of Public Health at Firat University in Elazig, Turkey.

The first issue of "Sigara Alarmi" mainly focused on the growing smoking epidemic and its effects on health in Turkey. It also dealt with major tobacco-related problems in the country: popularity of both tobacco trade and tobacco smoking. All members of Parliament, including cabinet ministers, were among those who received a copy of the first issue.

NEWS BRIEFS

. . . FROM JAPAN

WORKPLACE POLICY OF THE MINISTRY OF LABOUR

the framework of the
World No-Tobacco Day
bacco-free workplaces:
ealthier), the Ministry of
Japan has informed *To-*
of the following tobacco-
licy for workplaces:
ng and harmful
nces
er to avoid increased oral
potentially harmful sub-
he Industrial Safety and Health Law in its ordinances prescribes that workers are not to be allowed to smoke, drink or eat in indoor workshops where specified chemical substances and lead are manufactured and handled.

(ii) Health education

The Industrial Safety and Health Law prescribes that employers endeavour to provide health education which includes the physiological effects of smoking.

(iii) Passive smoking

Although smoking is regarded as a matter of individual choice, non-smokers are becoming increasingly intolerant of the irritating characteristics and adverse health effects associated with smoking. It is recognized that one of the best ways of settling the issue of smoking in the workplace is that based on a consensus of both smokers and non-smokers.

NON-SMOKING TAXIS IN KYOTO

50 taxis of the MK com-
he Japanese city of Kyoto
non-smoking since the
of the year. According to
ny manager, Mr H. Aoki,
have been fairly coop-
dging by the very few
nds left in the ash trays.
According to an article in the Nihon Shinbun newspaper, it would seem that the anti-smoking campaign in the MK taxis is effective. The journalist, who wanted to see the idea adopted in other parts of Japan, contacted some taxi firms in Tokyo. His inquiry showed that the success of such campaigns could well depend on women. The asthmatic driver of one non-smoking taxi claims that when he asks his passengers to stop smoking for the sake of his health, it is almost always the women who refuse!

IARC

SUDDEN INFANT DEATH AND SMOKING

Sudden infant death syndrome (SIDS), also called cot or crib death, refers to the occurrence of unexpected death in an apparently normal, healthy baby with no precise cause of death found at autopsy. In those countries where data are available to measure it, its incidence is estimated at about 2 sudden infant deaths for 1 000 live births. There is a slight tendency for the rate to increase in some countries.

At the present time, the aetiology of SIDS is still not precisely known, but more and more studies have pinpointed maternal smoking as the strongest identified risk factor. In recent years, epidemiology studies conducted in Australia (Tasmania), Finland, New Zealand, Sweden, the United Kingdom, the United States, and several other countries, have all found an increased risk of SIDS among infants exposed to smoking. Maternal smoking during pregnancy is associated with an odds ratio (risk) of SIDS of around 2 among smokers of up to 10 cigarettes/day, rising to 5 or 6 for heavier smokers. A clear dose-response relationship exists, since the more cigarettes the mother smoked during pregnancy, the higher the risk of SIDS in her infant. This risk may be further enhanced if other pathological conditions exist; for example, the risk is greater in children of women who were anaemic during pregnancy. Passive smoking may also play a role; smoking by the father has also been found to be associated with an increased risk of SIDS, particularly among older infants.

Given present information, smoking represents the most avoidable cause of sudden death among infants. This information should be made available to women intending to have a child as well as to pregnant women and their families. The death of a child is a tragedy which no one would like to experience and, by not smoking, at least some of these deaths will be prevented.

EDITOR'S NOTE

Readers of **Tobacco Alert** are probably familiar with the regular publication of articles and news items which emanate from the WHO regional offices. As tobacco control activities are increasing dramatically worldwide, and most notably in developing countries, we feel that, from time to time, it is important to focus on activities in one particular WHO region and to dedicate a certain amount of space in one issue to that region.

This issue focuses on the WHO Eastern Mediterranean Region while *Tobacco Alert* of January 1993 will be dedicated to the South-East Asian Region. The support of our readers is very important if we are to successfully cover what is happening throughout the world, so do not hesitate to write to us if you wish to contribute your experience to such special issues.

This newsletter is issued by the WHO programme on Tobacco or Health (TOH) World Health Organization 1211 Geneva 27 Switzerland. The text may be freely reproduced and illustrations may be used, giving credit to WHO. Cuttings are requested. Contributions and suggestions to be addressed to Dr C. Chollat-Traquet, Editor.

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